

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 22/03/2021 09:57 (SGT)  
Date of Accident ..... 20/03/2021 12:45 (SGT)  
Exact Location of Accident ..... 30 Tai Seng St, #02-06 BreadTalk IHQ, Singapore 534013  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX513E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Timin  
NRIC No ..... S7674631A  
Email Address ..... timinlim@gmail.com  
Mobile Phone No ..... (Phone) +65-92955010  
Alternative Phone No ..... +65-97511809

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Outlander  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2360

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100448477-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Timin  
NRIC No ..... S7674631A

Date Of Birth .....	21/02/1976
Occupation .....	Indoor
Date Of Driving Pass .....	07/08/2003
Driving experience .....	17 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92955010
Alt. Phone Number .....	+65-97511809
Email Address .....	timinlim@gmail.com
Address .....	36 Mount Vernon Road
Address complement .....	Bartley Ridge 05-24 SINGAPORE
Postcode .....	368058
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Lim Cheng Ai Kitty
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Approaching T junction. SLM 2933 moved on and stop suddenly. SKX 513E moved on and hit the side of the rear of SLM 2933J.

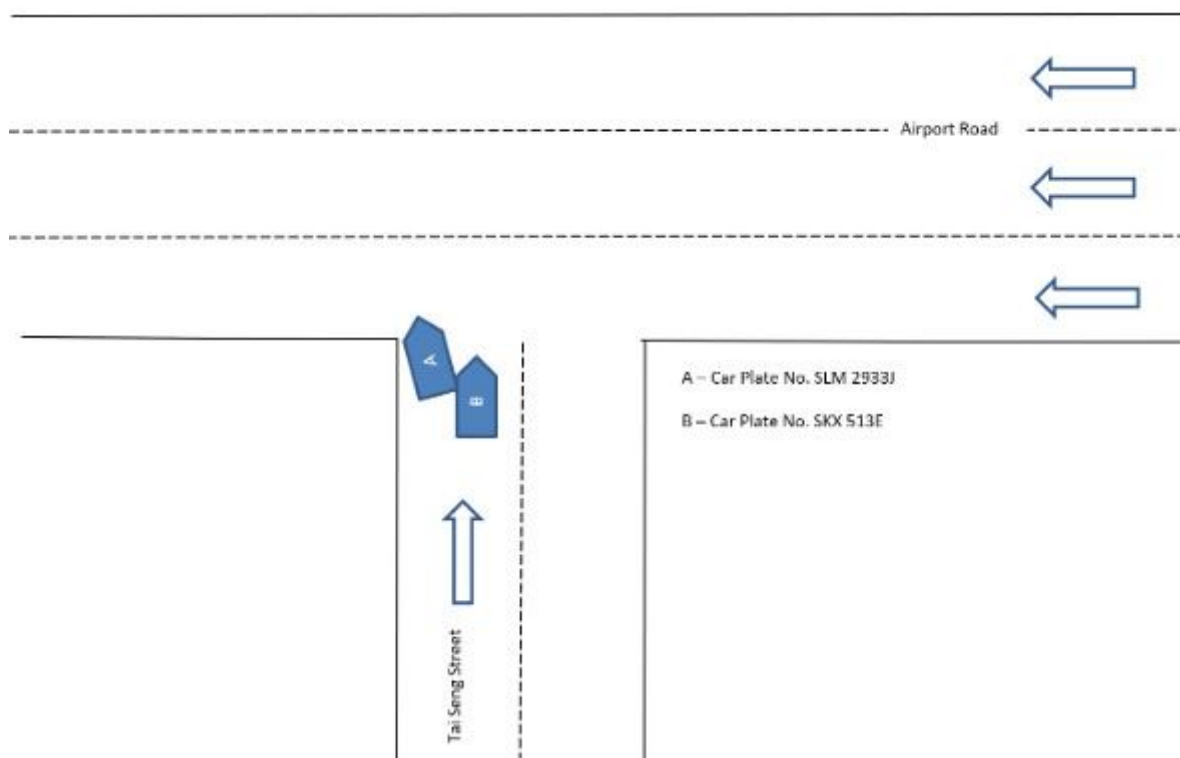
#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	NO VIDEO UPLOADED
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM2933J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-







**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 -- 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

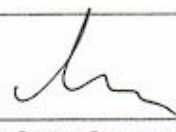
Original Report No : SA01213M0004 Vehicle Registration No: SKX 513 E  
Name (as shown in NRIC) : Timin NRIC/FIN/Passport No : S7674631A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 36 Mount Vernon Rd #05-24 Singapore (36058)  
Contact (Tel) : 92955010 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 20. Mar. 2021 Time of Accident : 12.45 pm  
Place of Accident : Tai Seng Street  
Insurance Company : AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change to own damage claim

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 22.03.2021

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Woo Hu  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



